

INFORMATION FORM FOR COURT INTERPRETERS

Name: _____	
Street Address: _____	
City/State: _____	
Zip Code: _____	FAX #: _____
Home Telephone: () _____	Work Telephone: () _____
Cellular Telephone: () _____	E-Mail: _____

Language(s) (Please also note any dialect or regional variant, as well as any specialty areas or limitation of your practice.): _____

Please list the counties where you are willing to work. _____

Please state what days and hours you are available to work.

<u>Days</u>	<u>Hours</u>
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____

Are you available on short notice? " Yes " No _____

How much advance notice do you require? _____ Minutes _____ Hours _____ Days

Describe any special court interpreter certification/education/degrees/seminars/training you have attended (with dates if possible), and list the education or training provider.

_____	_____	_____
(Program)	(Date)	(Provider/Trainer)
_____	_____	_____
(Program)	(Date)	(Provider/Trainer)
_____	_____	_____
(Program)	(Date)	(Provider/Trainer)

Please describe any speciality areas (civil, criminal, medical, etc.) _____

What is your hourly rate? _____

What is your cents per word rate? _____

(For oral interpreting)

(For written translations)

Describe your court interpreting experience and history, including dates and counties.

(Dates) (Experience)

(Dates) (Experience)

(Dates) (Experience)

Appointed in federal court? " Yes " No Dates (Years): _____

Please list three references, with address and phone number, to verify your interpreting skills. One of the three references must be from an administrative district judge or trial court administrator verifying that the interpreter has been qualified to interpret in at least one case in that particular judicial district.

(Name) (Name) (Name)

(Address) (Address) (Address)

(Address) (Address) (Address)

(Phone Number) (Phone Number) (Phone Number)

" I have read and understand I.C.A.R. 52 and the Model Code of Professional Responsibility for Interpreters in the Judiciary.

(Signature)

(Date)

Please mail or fax to:

Idaho Supreme Court
P.O. Box 83720
Boise, Idaho 83720-0101
(208) 334-2246
FAX (208) 947-7590